Jeremiah W. (Jay) Nixon
Governor
John M. Britt
Director
Randy Cole
State Fire Marshal

Department of Public Safety Division of Fire Safety Fireworks Permit Application Permit Year 2011

2401 East McCarty Street
Mailing Address: P O Box 844

Jefferson City, Missouri 65102

Telephone: 573-751-2930

Fax Number: 573-526-4600

E-Mail Address: firesafe@dfs.dps.mo.gov

INSTRUCTIONS FOR COMPLETING FIREWORKS PERMIT APPLICATION

Notice: If you are involved in Missouri's fireworks industry as a manufacturer, distributor, wholesaler, jobber or seasonal retailer, it is your responsibility to be familiar with and know Missouri law, RSMo. 320.106 through 320.161 and Missouri's Code of State Regulations 11 CSR 40-3.010.

Copy of the Missouri Revised Statutes and Missouri Rules pertaining to fireworks can be obtained from our website at www.dfs.dps.mo.gov or by calling 573-751-2930.

Permit applications may be obtained from the Office of the State Fire Marshal (OSFM) or downloaded from our website at www.dfs.dps.mo.gov.

INSTRUCTIONS

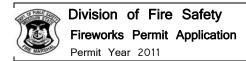
To ensure prompt processing of Fireworks Permit Application please follow the check list below:

- Please print in ink or type.
- Complete all questions on application.
- Only cashier's checks, bank drafts, or money orders payable to the "Division of Fire Safety" will be accepted. (Cash or personal checks will not be accepted.)
- All applicants must submit a Certificate of No Sales or Use Tax Due and a copy of the Missouri Retail Sales Tax License. This may be obtained from your local Missouri Department of Revenue. For example: If you are applying for five separate locations you must submit five sales tax licenses, each with a separate address of business, all will have the same sales tax number.
- All corporations must submit a current copy of their **Certificate of Good Standing** to commence business in Missouri. This may be obtained from the Missouri Secretary of State.
- All manufacturers, distributors, jobbers, and wholesalers shall submit their application and required documentation before January
 1, 2011.
- Please include a stamped, self-addressed, business envelope.

ISSUANCE OF PERMIT

Allow a minimum of 30 days from the date the OSFM receives an application for the permit to be issued. Applications received on or postmarked after the **January 1st** deadline may require a longer processing time.

SEND ALL INFORMATION TO: Investigations and Explosives Enforcement Unit, Missouri Division of Fire Safety, P.O. Box 844, Jefferson City, Missouri 65102



Name of Business:		Business Email Address:						
Owner of Business Or Responsible Person:		Social Security Number:						
Business Phone Number:		Business Fax Number:						
Mailing Address:								
City:	State:	Zip:	Zip:		County:			
Does your business sell	display fireworks as defined	in Chapter 320 F	RSMo.	YES	N	10		
If yes, BATFE Federal License/Permit Number: Expiration Date:								
Fireworks Product Purchased From:	:							
Business Name: City: State:								
COMPLETE FORM BELOW LISTING ALL BUSINESS LOCATIONS FOR WHICH YOU ARE APPLYING. IF YOU ARE APPLYING FOR MORE THAN ONE LOCATION, YOU MUST SUMBIT A RETAIL SALES TAX LICENSE FOR EACH.								
Address	City	State	County	Zip	Permit Type	Company		
						Number		
	Permit Type	and Fee Per L	ocation					
(M) Manufacturer \$775 (D) Distributor \$775 (W) Wholesaler \$275 (J) Jobber \$525 (S)Seasonal Retailer \$50								
Total Fee(s) Amount Enclosed:	\$							
I CERTIFY THAT I AM FAMILIAR WITH FIREWORKS INDUSTRY IN THE STATE		OF CHAPTER 320 F	RSMO AND ITS REVISION	NS AS IT I	PERTAINS TO TI	I E		
Signature	Print Name	Print Name						